



# Population Health Webinar

## November 26, 2019





**Farah S. Ahmed, MPH, PhD**  
Bureau of Epidemiology and Public Health Informatics



# Multistate Investigation of Severe Pulmonary Disease Among Persons Who Use E-Cigarettes

- As of November 20, 2,290 cases of lung injury associated with the use of e-cigarettes or vaping products have been reported in 49 states, the District of Columbia, Puerto Rico, and the US Virgin Islands
- 47 deaths have been confirmed in 25 states and the District of Columbia
- In Kansas, 23 cases have been reported and two deaths
- Median age of cases in Kansas is 27 years with a range of 15 – 67 years
- Vitamin E acetate has been identified as a chemical of concern
- Report any suspected cases to 877-427-7317



# Influenza – Changes in Isolation Recommendation

## Current Regulation

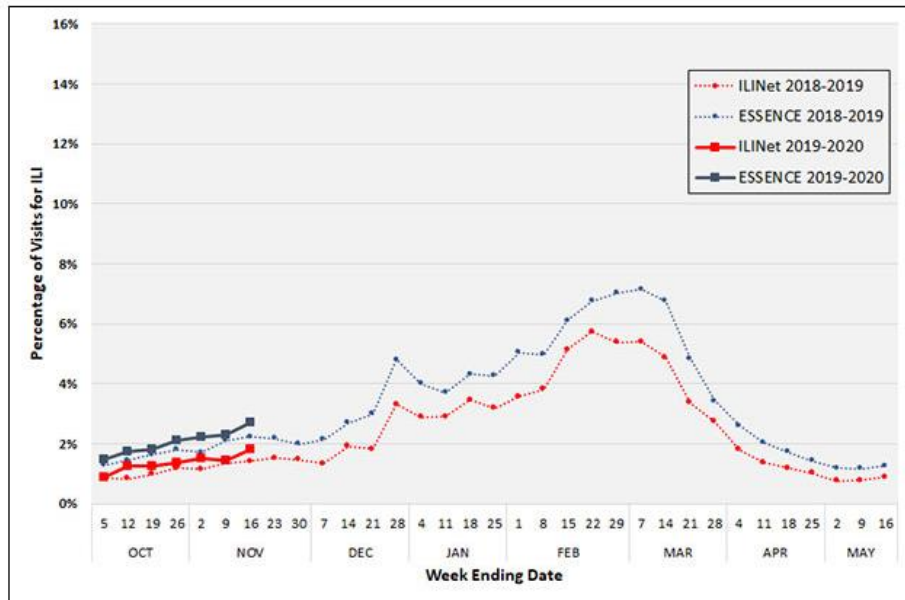
- For each person with a case shall remain in home isolation for seven days following onset of illness or for the duration of illness if the case is immune-compromised, except when seeking medical care.

## Proposed Change

- For each person with a case shall remain in home isolation for **five days** following onset of illness or until **fever free for 24 hours without the aid of fever reducing medications, whichever is longer, except when seeking medical care.**



Percentage of Visits for Influenza-like Illness (ILI) Reported by ILINet\* Sites and ESSENCE\*\*, Kansas, October 2018 - Present



# Influenza Surveillance

Influenza activity is still at sporadic in Kansas

\*ILINet sites may vary in number and type (student health, family practice, etc.) each season. ILINet sites monitor outpatient visits and may be more likely to report data if patients are presenting with influenza-like illness. The information on this chart may change over time, as ILINet sites may adjust their data submissions, and additional submissions may be received after Tuesday's deadline.

\*\*ESSENCE is a syndromic surveillance system for capturing and analyzing electronic health records from emergency departments. ESSENCE data is near real-time.

<http://www.kdheks.gov/flu/surveillance.htm>



2018 Annual Summary of Vital Statistics, available at [kdheks.gov/phi/](http://kdheks.gov/phi/).

Five new tables were added to the 2018 Annual Summary:

- Table C27. Number and Percent of Live Births under 37 weeks gestation, by Year and by Population Group, Kansas Residents, 2005-2018.
- Table C28. Number and Percent of Live Births under 2500 grams, by Year and by Population Group, Kansas Residents, 2005-2018.
- Table E30. Deaths by Number and Age-Adjusted Rate for Selected Chronic Diseases, Kansas Residents, 1999-2018.
- Table E31. Deaths by Number and Age-Adjusted Rate for Selected External Causes, Kansas Residents, 1999-2018.
- Table E32. Deaths with drugs as an underlying cause, by year and drug category, Kansas Residents, 1999–2018.

## Kansas

### Annual Summary of Vital Statistics, 2018



Kansas Department of Health and Environment  
Division of Public Health  
Bureau of Epidemiology and Public Health Informatics  
Curtis State Office Building – 1000 SW Jackson, Topeka, KS, 66612-1354  
<http://www.kdheks.gov/bepi/>  
November 2019



# 2018 Annual Summary Highlights

- Kansas total population on July 1, 2018, was estimated at 2,911,505, a decrease of 1,618 (0.1%) from the July 1, 2017 estimate, 2,913,123.
- During 2018, there were 36,268 live births to residents of Kansas. This was a decrease of 0.5 percent from the 36,464 births reported in 2017. The birth rate in 2018 was unchanged from 2017, at 12.5 births per 1,000 population.
- There were 231 infant deaths to Kansas residents in 2018, an increase of 6.5 percent from 217 infant deaths in 2017.
- There were 27,213 Kansas resident deaths recorded in 2018, an increase of 1.8 percent from the 26,725 deaths recorded in 2017.
- The Kansas crude death rate in 2018 was 934.7 deaths per 100,000 population, which was 8.2 percent higher than the estimated U.S. crude rate<sup>5</sup> of 864.2 deaths per 100,000 population

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<http://www.kdheks.gov/bepih/>  
November 2019



Kansas Information for Communities (KIC) has been updated with 2018 information.

Updates include

- Birth,
- Pregnancy,
- Hospital Discharge – Diagnosis & Procedure,
- Population,
- Death, and
- Emergency Department – Diagnosis.
- The Cancer module is up to date with CY2016 information being the most current.
- To access the KIC System go to [kic.kdheks.gov](http://kic.kdheks.gov)





# PRAMS Schedule for Regional Health Department Meetings

The **2018 PRAMS Surveillance Report** provides information from Kansas women who were interviewed in the months following the birth of their infant, about their health and experiences around the time of pregnancy.

Some notable findings from the 2018 Kansas PRAMS survey include:

- Nearly 1 in 7 mothers (14.1%) reported not receiving prenatal care when they wanted it. More than 1 in 6 mothers (17.4%) reported that there was a time after their infant was born that they thought they needed treatment or counseling for depression, but did not get it.
- Nearly 3 in 4 mothers (74.0%) reported breastfeeding their infants for at least 8 weeks.
- Among those who answered the Disability Supplement, 2 in 5 mothers (40.6%) reported having difficulty with any of six tasks, which included seeing, hearing, walking, remembering, caring for oneself, and/or communicating. The most common difficulty was with remembering or concentrating, which was reported by 28.3% of mothers. (The Disability Supplement was included in the questionnaire beginning with women who had a live birth in October 2018.)

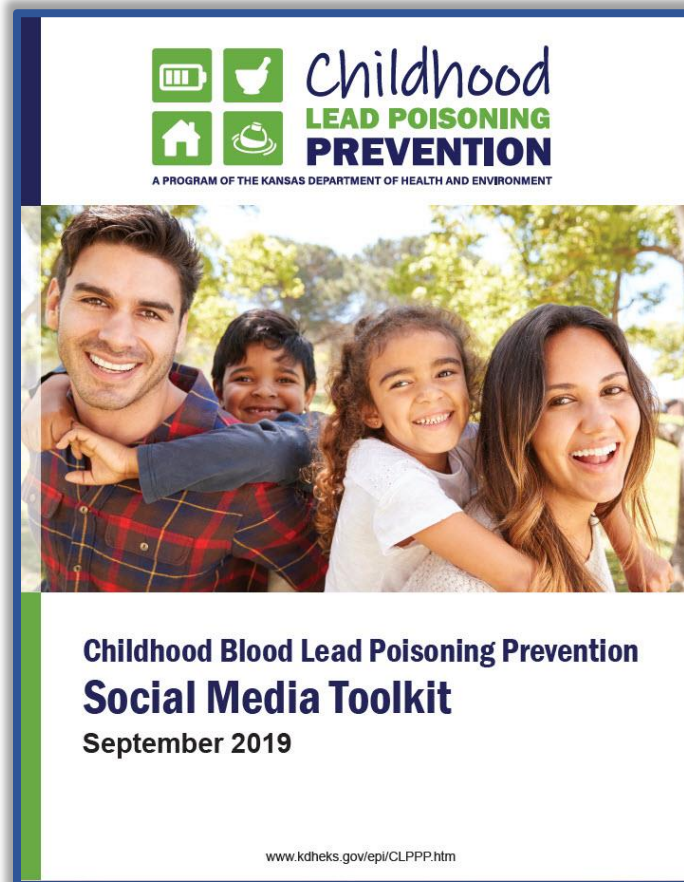
To read the report, and learn more about PRAMS, visit: <http://www.kdheks.gov/prams/>





# Childhood Lead Poisoning Prevention Program

## Social Media Toolkit



- Created to promote childhood blood lead testing and awareness on social media.
- National Lead Poison Prevention Week is October 20-26, 2019.
- Toolkit provides links to other resources and has attached documents that can be utilized for further information.
- Download the toolkit from:  
<https://keap.kdhe.state.ks.us/Ephtml/PortalPages/ContentData?CID=3>



**Thank you/Questions**

**Farah Ahmed, MPH, PhD**

**Environmental Health Officer & State Epidemiologist**

**[Farah.Ahmed@ks.gov](mailto:Farah.Ahmed@ks.gov)**

**(785) 296–6426**





# Lacey Kennett Preparedness Program



## Statewide Full Scale Exercise

Date: April 15 – 17, 2020

Who: All Local Health Departments, CRIs, HCCs and KDHE



*Spring 2020 Full Scale Exercise*

### Important Information:

- Visit the website for information on exercise components and capabilities tested
- What to do now?
  - Communicate with external partners to get participation
  - Review your jurisdiction's plans & the Kansas Response Plan
  - Look for training opportunities to fill gaps

[kdheks.gov/cphp/full\\_scale\\_exercise.htm](https://kdheks.gov/cphp/full_scale_exercise.htm)



# Preparedness Program Update

## Upcoming Application Period

- Applications are submitted in KGMS in January or February along with a preliminary budget.
- Preliminary budgets should be based upon the budget that sub-awardees submitted for the current budget period and entered into KGMS in January or February.
- When application and preliminary budget have been submitted in KGMS, send an email to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) so we can review it promptly.
- Budget narratives will be submitted with the revised budget submission, within 30 days following the notification of final allocation award amount.
- **Webinar overview:** December 4, 2019 @ 10 a.m.  
KS-Train #1085237





## Upcoming Trainings

### Disaster Preparedness for the Pediatric Patient: A Systems Approach

#### ***Dennis Cooley, MD***

This course focuses on training physicians, advanced practice providers, nurses, pre-hospital emergency personnel, hospital administrators, emergency/disaster planners and others to manage an influx of pediatric patients during an emergency.

To register, visit: [www.eeds.com/live/887417](http://www.eeds.com/live/887417)

**Jan. 21 – Hoisington**  
**Feb. 13 – Pittsburg**  
**Feb. 18 – Lawrence**  
**Feb. 26 – Manhattan**  
**March 3 - Topeka**





## Monthly Preparedness Webinars

**December 4, 2019 10 – 11 a.m.**

Budget Preparation for BP2 (2020 – 2021)

KS-Train #1085237

**January 8, 2020 10 – 11 a.m.**

IMATS

KS-Train #1083872

**February 4, 2020 10 – 11:30 a.m.**

Risk Communication (*repeat* – live)

Dr. Vincent T. Covello

KS-Train #1083886

**March 4, 2020 10 – 11 a.m.**

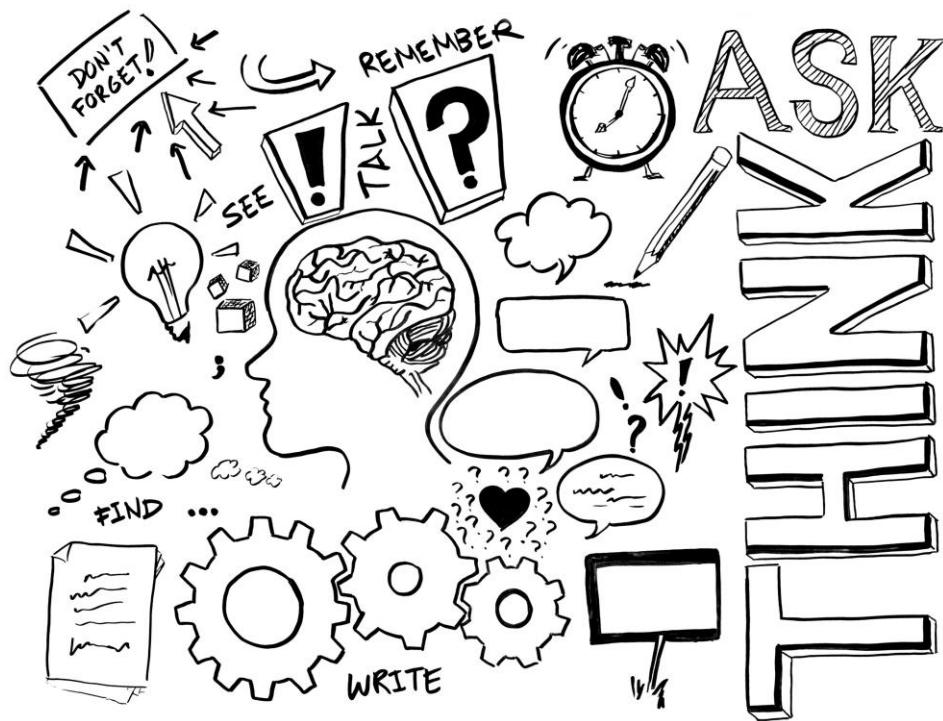
IMATS

KS-Train #1085238





## PHEP Delinquency in Contract Deliverables



- Procedures for delinquencies in deliverables from local health departments have been adopted at the last KDHE/KALHD advisory committee meeting Nov. 19.
- These procedures outline how KDHE Preparedness staff will follow up with local health departments when deliverables are past due.
- A full description of the procedures can be found on the KALHD website: [kahld.org/phep/](http://kahld.org/phep/)



## Staffing Changes

- **Emily Valencia – Preparedness Compliance Coordinator**
  - Started Oct. 21, 2019.
  - Email: [Emily.Valencia@ks.gov](mailto:Emily.Valencia@ks.gov); please also CC [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) .
- **Michael McNulty & Stephen Tierce – Move to Office of the Secretary**
  - Will be working in the Office of the Secretary on agency emergency management, response actions, and ESF 8 coordination.
  - Fred the Preparedness Dog will remain a Preparedness Program initiative – you should still contact Michael McNulty directly for any Fred activities/requests.
  - For all other inquiries, please contact [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov).
- **Jonathan Wood – Planning & Outreach Specialist**
  - Oversees KDHE-managed IT applications (KS-HAN, EMResource, & eICS).
  - [Jonathan.Wood@ks.gov](mailto:Jonathan.Wood@ks.gov); 785-296-3570



OneCare Kansas (OCK) is a comprehensive and intense method of care coordination for Kansas Medicaid members who qualify. OCK integrates and coordinates all services and supports with the goal of treating the “whole person” across the lifespan.

## Who is eligible?

Medicaid members who have:

- One serious and persistent mental illness, defined as having at least one of the following diagnoses:
  - Paranoid Schizophrenia
  - Severe Bipolar Disorder

## OR

- One chronic condition defined as people who have Asthma that also are at risk for developing a 2<sup>nd</sup> chronic disease such as diabetes,

For more info on the provider application process and the required core services, visit

<https://www.kancare.ks.gov/providers/onecare-ks-providers/providers-interested-onecare-kansas/ock-news-events>



# Contact Information

**Questions?**

**Lacey Kennett**

Preparedness Public Information Officer

[Lacey.Kennett@ks.gov](mailto:Lacey.Kennett@ks.gov)

(785) 296-1984

**www.KSPrepared.org**

**KDHE.Preparedness@ks.gov**





**Philip Harris, MA, CHES®**  
**Bureau of Health Promotion**



# Community Health Promotion



**Registration now open!**

**Community Health Promotion Summit:  
Belonging in a Healthy Kansas**



**KANSAS** Chronic  
Disease  
Risk  
Reduction

**January 29-31, 2020  
Drury Plaza Hotel, Wichita  
[www.eeds.com/live/345933](http://www.eeds.com/live/345933)**



## Staffing Updates:

- Marlee Johnson, Heart Disease and Stroke Prevention



## **CDSMP Leader Trainings:**

- January 6, 7, 13 & 14 Mitchell County area
- March 24, 25, 30 & 31 Johnson County area

## **Chronic Pain Self-Management Cross Training**

- Mitchell County area – 2020 Dates TBD

Questions Contact: Tami Sterling | [tsterling@kfmc.org](mailto:tsterling@kfmc.org) | 785-271-4158



## Updated Websites

### Older Adult Falls

Unintentional falls among older adults are a leading cause of fatal and nonfatal injury in the U.S. and Kansas. Hospital costs associated with injuries sustained by falls account for a substantial share of healthcare dollars spent on injury-related care. In 2014, 337 Kansas residents ages 65 and older died and more than 21,478 fall injuries were treated in hospitals and emergency departments.

#### Quick Facts



Residents ages 65 and older account for 88% of all fall deaths and 74% of nonfatal fall hospitalizations in Kansas.



Each week, there are 301 emergency department visits among residents ages 65 and older, 104 hospitalizations, and 6 deaths due to fall injuries in Kansas.



Falls are the leading cause of traumatic brain injury (TBI) in Kansas residents ages 65 and older, accounting for 62% of TBI deaths and 79% of TBI hospitalizations.



In 2014, 72% of fall deaths among this age group occurred in the home, while 21% occurred in a residential facility such as a nursing home



Projected lifetime costs associated with fall injuries in 2014 among Kansas residents ages 65 and older are estimated to be \$510,322,000.

#### Kansas Action to Prevent Older Adult Falls?

Kansas conducts Stepping On Workshops. Stepping On is a high-level, evidence-based program proven to reduce falls and build confidence in older people. A community-based, small-group workshop, Stepping On was developed in Australia and tested in a randomized trial where it demonstrated a 31% reduction in falls. Wisconsin developed an American version of Stepping On with support from the Centers for Disease Control and Prevention (CDC) that has been tested in the United States and shown to achieve a 50% reduction in falls. For more information, visit [What is Stepping On](#).

For more information visit the Centers for Disease Control and Prevention's [Home and Recreation Safety](#).

### Stepping On

Stepping On is a fun and interactive fall prevention program for adults aged 60 and older who have fallen or who have a fear of falling. The program has seven, two-hour long sessions that focus on helping participants recognize and change behaviors and take control of their fall risk.

Stepping On is a high-level, evidence-based program proven to reduce falls and build confidence in older people. A community-based, small-group workshop, Stepping On was developed in Australia and tested in a randomized trial where it demonstrated a 31% reduction in falls. Wisconsin developed an American version of Stepping On with support from the Centers for Disease Control and Prevention that has been tested in the United States and shown to achieve a 50% reduction in falls.

The eligibility criteria for participation in the Stepping On program is:

- age 60 and older,
- had a fall in the last year or have a fear of falling,
- are cognitively intact and able to move independently on own or with assistance (cane or walker).



Trained leaders facilitate the Stepping On community workshops.

[Session 1: Introduction, Overview, and Choosing What to Cover](#)

[Session 2: The Exercises and Moving about Safely](#)

[Session 3: Advancing Exercises and Home Hazards](#)

[Session 4: Vision and Falls, Footwear, and Community Safety](#)

[Session 5: Bone Health, Medication, and Sleeping Better](#)

[Session 6: Getting Out and About](#)

[Session 7: Review and Plan Ahead](#)

[Home Visit or Call](#)

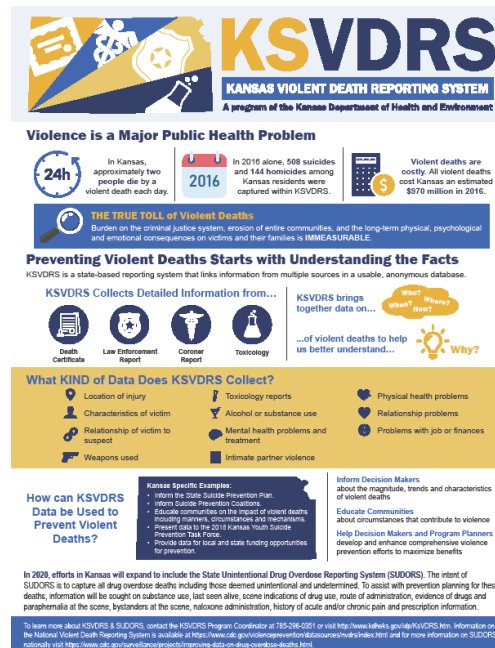
[3-Month Booster Session](#)

For more information about Stepping On please visit the [Wisconsin Institute for Healthy Aging's Stepping On](#).



## New Material

### Kansas Violent Death Reporting System



**KSVDRS**  
KANSAS VIOLENT DEATH REPORTING SYSTEM  
A program of the Kansas Department of Health and Environment

**Violence is a Major Public Health Problem**

- In Kansas, approximately two people die by a violent death each day.
- In 2016, 508 suicides and 144 homicides among Kansas residents were captured within KSVDRS.
- Violent deaths are costly. All violent deaths cost Kansas an estimated \$370 million in 2016.

**THE TRUE TOLL of Violent Deaths**  
Burden on the criminal justice system, erosion of entire communities, and the long-term physical, psychological and emotional consequences on victims and their families is IMMEASURABLE.

**Preventing Violent Deaths Starts with Understanding the Facts**  
KSVDRS is a state-based reporting system that links information from multiple sources in a usable, anonymous database.

**KSVDRS Collects Detailed Information from...**

- Death Certificate
- Law Enforcement Report
- Coroner Report
- Toxicology

**KSVDRS brings together data on...**

- What? When? Where? Why?
- ...of violent deaths to help us better understand...

**What KIND of Data Does KSVDRS Collect?**

- Location of injury
- Characteristics of victim
- Relationship of victim to suspect
- Weapons used
- Toxicology reports
- Alcohol or substance use
- Mental health problems and treatment
- Intimate partner violence
- Physical health problems
- Relationship problems
- Problems with job or finances

**How can KSVDRS Data be Used to Prevent Violent Deaths?**

**Kansas Specific Examples:**

- Inform the State Suicide Prevention Plan.
- Inform Suicide Prevention Coalitions.
- Educate communities on the impact of violent deaths including motives, circumstances and mechanisms.
- Present data to the 2019 Kansas Youth Suicide Prevention Task Force.
- Provide data for local and state funding opportunities for prevention.

**Inform Decision Makers**  
about the magnitude, trends and characteristics of violent deaths.

**Educate Communities**  
about circumstances that contribute to violence.

**Help Decision Makers and Program Planners**  
develop and enhance comprehensive violence prevention efforts to maximize benefits.

In 2020, efforts in Kansas will expand to include the State Unintentional Drug Overdose Reporting System (SUDORS). The intent of SUDORS is to capture all drug overdose deaths including those deemed unintentional and undetermined. To assist with prevention planning for these deaths, information will be sought on substance use, last seen alive, scene indicators of drug use, route of administration, evidence of drugs and paraphernalia at the scene, bystanders at the scene, residence administration, history of acute and/or chronic pain and prescription information.

To learn more about KSVDRS & SUDORS, contact the KSVDRS Program Coordinator at 785-296-0501 or visit <http://www.ksdhs.gov/kvdr/s>. Information on the National Violent Death Reporting System is available at <https://www.oag.gov/ncjrs/prevention/data/sources/index.html> and for more information on SUDORS nationally visit <https://www.oag.gov/surveillance/projects/improving-data-on-drug-overdose-deaths.html>.

Questions Contact: [Jeff.Wilhelm@ks.gov](mailto:Jeff.Wilhelm@ks.gov)



## Upcoming Meeting

Kansas Cancer Partnership, February 11 in Topeka more details coming soon.

## Staff Updates

EDW Nurse Manager, Suzanne Duckworth *is now* Suzanne Proctor



## NEW Materials – website coming soon

### Palliative Care Program



#### Kansas Palliative Care Program

We commit to offering Kansas families and their loved ones with an approach that improves their quality of life as they face the problems associated with the symptoms and stress of a serious life-limiting illness. We are here to educate and support individuals and families through the prevention and relief of suffering by early identification and immediate assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care is personalized to manage symptoms and provide comfort through assessment and treatment of pain and other symptoms, whether they be physical, psychosocial or spiritual.

#### Our Program

In 2018 the Kansas Governor signed Senate Bill for House Bill 2031 that created both a Quality of Life Interdisciplinary Advisory Council as well as the State Palliative Care Consumer and Professional Information and Education Program.

We will be:

- Making recommendations to KDHE on the establishment, maintenance, operation, outcomes, of palliative care initiatives in the state and the effectiveness of our program.
- Maximizing effectiveness of palliative care initiatives across the state.
- Ensuring comprehensive and accurate information and education about palliative care is available to all Kansans!

#### Our Work

The Kansas Palliative Care program works closely with an advisory council – 13 appointed members with a broad range of knowledge – as well as volunteer representatives with various backgrounds to create and maintain a website as well as other tools and resources to educate and empower Kansans!

#### Join Us

Together, we will be able to:

- Educate Kansas families about available palliative care services and resources.
- Increase earlier access of Kansans to palliative care resources.
- Improve the quality of life of Kansans who have chronic conditions.
- Identify and share continuing education opportunities with Kansas professionals.

For more information, visit [www.kdheks.gov](http://www.kdheks.gov).



**Myth 1:** Palliative care and hospice are the same type of care.

**Truth:** Both kinds of care focus on improving quality of life and comfort at the end of life.

**Myth 2:** Insurance such as Medicare will cover payments and deductibles, company to see what they can do.

**Truth:** Insurance such as Medicare will cover payments and deductibles, company to see what they can do.

**Myth 3:** Palliative care is only for people who are dying.

**Truth:** Palliative care is for people who are dying, but also for people who are living with a serious life-limiting illness.

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**Myth 6:** Palliative care is only for people who are dying.

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**Myth 8:** Palliative care is only for people who are dying.

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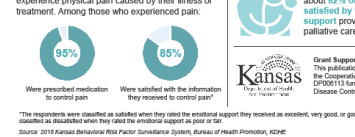
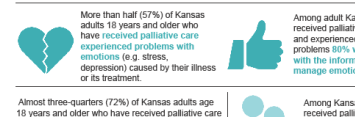
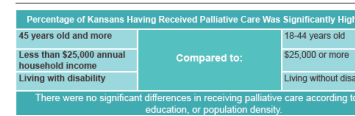
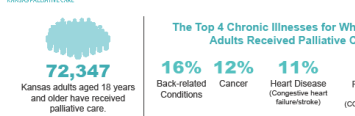
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**Myth 10:** Palliative care is only for people who are dying.

**Truth:** Palliative care is for people who are dying, but also for people who are living with a serious life-limiting illness.

#### Palliative Care Among Kansas Adults Diagnosed with Chronic Disease



#### Is Palliative Care right for me or my loved one?

Palliative care may be right for you or your loved one if you suffer from pain, stress or other symptoms due to a serious illness. Still unsure, consider these five questions, then make an appointment to talk with your health care provider about the drive for you or your loved one to receive palliative care and improved quality of life.

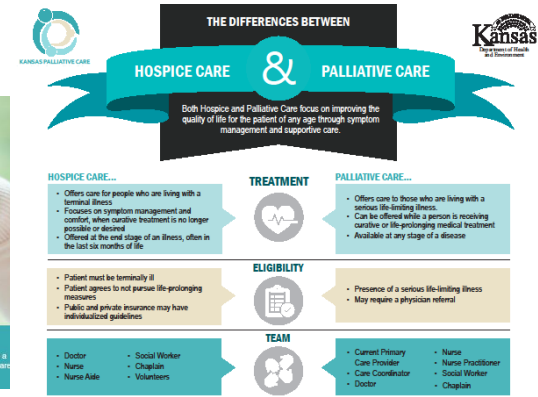
#### Let Us Help You

It's never too early to start palliative care. In fact, palliative care occurs at the same time as all other treatments for your illness and does not depend upon the course of your disease.

There is no reason to wait.

Palliative care planning does not have to take long or be hard. Consider these questions when planning.

- What does the person understand about their condition?
- How do they normally spend their days?
- How much has that changed over the last month?
- What are the most important goals of treatment now and in the future?



#### Palliative Care is...

"Customized care with creative approaches that considered not only me [the patient] but also my family, our values, culture, structure and faith. With palliative care, I felt I was in control. I felt stronger because of it, and so did my family."

- Palliative Care Patient



#### KANSAS PALLIATIVE CARE

The relief you or a loved one needs when facing a serious life-limiting condition.



Kansas Palliative Care Program  
555-555-5555  
[www.kdheks.gov](http://www.kdheks.gov)

Contact: [Leslie.Hale@ks.gov](mailto:Leslie.Hale@ks.gov)



## Tobacco Product Use Fact Sheet [Now Available](#)



It can also be found [here](#).

These fact sheets are for all Public Health Preparedness Regions and six counties.



## Staffing Updates:

- Effective Dec. 2, Lance Sweeney, BRFSS Coordinator



## Thank you/Questions

**Philip Harris, MA, CHES®**  
Communications Coordinator  
Philip.Harris@ks.gov  
(785) 296-2923